



Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:	Friends	of Rich	Abbon	4			
Account Number:	in		Date of thi	is Report: 1/30/07*			
REPORTING PERIOD:	FROM:	106	_ TO:	12/31/06			
Check the box that applies to th	his report:						
Primary Election General Election Other Election Special Election	□ 8-DAY □ 8-DAY □ 8-DAY □ 8-DAY □ 8-DAY	☐ 30-DAY ☐ 30-DAY ☐ 30-DAY ☐ 30-DAY		Drewlastelounty Courcel, 3rd District			
Year End Report	Final Organization	Closing		Closing Date:			
I authorize that all information included in this Financial Report package is accurate and correct. I agree to abide by all rules and regulations regarding Campaign Finance and the election process in the State of Delaware. I understand that representatives from the Office of the State Election Commissioner will perform an audit of all information provided on this report. TREASURER SIGNATURE DATE							
CANDIDATE SIGNATURE				DATE			
*I attempted to file online 1/30/07 after receiving all call from Paul Baldwin of the Election Commissioner's Office, but it does not work. I then requested paper forms, since I had not received any, which I received 2/6/07.							



STATEMENT OF ACCOUNT BALANCE

AC	COUNT	#: REPORTING PERIOD:	1/1/06	12/31/06
1.		NNING BALANCE c Out Balance from last reporting period)	FRÓM	\$ 13,824
2.	RECE	IPTS:		
	A.	SCHEDULE A – TOTAL RECEIPTS	,	0
	В.	SCHEDULE C-1 – TOTAL IN-KIND CONTRIBUTIONS		0
	C.	SCHEDULE D-1 – TOTAL LOANS RECEIVED		0
	D.	SCHEDULE E – TOTAL EXPENSE REIMBURSEMENTS RECEIVE	ED	O
	E.	SUBTOTAL (Total of A, B, C, D)		Ô
3.	EXPEN	NDITURES:		d . —
	F.	SCHEDULE B - TOTAL EXPENDITURES		π1, 100
	G.	SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES		
	Н.	SCHEDULE D-2 – TOTAL LOAN PAYMENTS		
	I.	SCHEDULE E – TOTAL EXPENSE REIMBURSEMENTS PAID		
	J.	SUBTOTAL (Total of F, G, H, I)		
4.		G BALANCE uning Balance plus 2E, minus 3J)	#	12,124
5.	VALUI	E OF NON-CASH ASSETS (From Schedule F)		0
6.	VALUI	E OF DISPOSED/TRANSFERRED ASSETS (From Schedule G)		0
7.	VALUI	E OF LOANS AT END OF PERIOD (Loan Balance from Schedule D-2)		0,
8.	CLOSE	E OUT BALANCE (Must equal zero if Committee closed)	,	1/9



SCHEDULE A - TOTAL RECEIPTS

ACCT#:	ize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they \$50. NOTE: If you receive funds from the same person or organization several times during the report	1/1/06	12/3/106
		FROM	TO
over \$50. NOTE: If you receive funds f	porting period. Receipts from sales of items must be itemized from the same person or organization several times during the ggregate amount is over \$100, even if the individual amou	ne reporting	

RECEIPTS IN EXCESS OF \$100:

Date Received	Contrib Type	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
teeenrea	1700	Name	Stating Address	Amount	Received
		THE RESERVE STREET			
		No. 2			
100					
_					
					-
		AND THE RESERVE OF THE PARTY OF			
OTAL RE	CEIPTS IN EX	CESS OF \$100			
				19	
OTAL RE	CEIPTS NOT I	N EXCESS OF \$100			
					1
RAND TO	OTAL RECEIPT	rs			0
		PPEAR ON PAGE 2, STATEMENT OF	ACCOUNT BALANCE, ITEM 2A)		



SCHEDULE B - TOTAL EXPENDITURES

		FROM TO
ACCT#:	REPORTING PERIOD:	1/1/06 12/31/06

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount. NOTE: IF you expend funds to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

EXPENDITURES IN EXCESS OF \$100:

Date	Payee	Payee	Reason	Aggregate	Amount	
Expended	Name	Mailing Address	Code	Amount	Expended	
5/8	ENGUASAK PAHONSON			100	100	
5/15	CORNOT HOT STRATE			250	250	
924	Citizens bor Lavelle.			600	600	
7/29	Tathachs Yarlathy Cick Men			250	250	
8/14	Free Chas at Veince Multips			100	100	
8728	Chossan Family Hunal			100	100	
130	Whaten to Alo			300	300	
- (
	DESCRIPTION OF THE PARTY OF THE					
					2	
				The rest of the second		
				Dr. San		
	THE RESIDENCE OF THE PARTY OF T					
				PULL YEAR		
			- X			
					11100	
TOTAL EX	PENDITURES IN EXCESS OF S	100			1,400	
TOTAL EXPENDITURES NOT IN EXCESS OF \$100						
I OTAL E	AFENDITURES NOT IN EXCESS	OF 5100			300	
GRAND TO	OTAL EXPENDITURES				1300	
		STATEMENT OF ACCOUNT BALANCE, ITEM 3F			-) (()	
THIS TOTAL	OHOULD ALSO ALT EAR OF FAGE 2	STATEMENT OF ACCOUNT BALANCE, ITEM SF				



SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

		FROM	ТО
ACCT#:	REPORTING PERIOD:	1/1/06	12/31/06

Itemize all goods and services contributed at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you receive in-kind contributions from the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

IN-KIND CONTRIBUTIONS IN EXCESS OF \$100:

(NOTE: ESTIMATED VALUE RECEIVED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU MADE FOR THE GOODS OR SERVICES)

Date	Contributor	Contributor	Description of	Estimated
Received	Name	Mailing Address	Contribution	Value Received
	The state of the s	DESCRIPTION OF THE PARTY OF THE		
	The second second			
	Weller VIII III			
OTAL IN-KIN	D CONTRIBUTIONS IN EXC	CESS OF \$100		
OTAL IN-KIN	D CONTRIBUTIONS NOT IN	N EXCESS OF \$100		TOP THE S
	L IN-KIND RECEIPTS			
HIS TOTAL SHO	ULD ALSO APPEAR ON PAGE 2, A2	ISTATEMENT OF ACCOUNT BALANCE, ITEM	M 2B)	



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

		FROM	ТО
ACCT #:	REPORTING PERIOD:	1/1/06	12/31/06

Itemize all goods and services expended at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you pay in-kind expenditures to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

Date Expended	Payee Name	Payee Mailing Address	Description of Expenditure	Estimated Value Expended
		Tradition 1	Expenditure	Value Expended
COTAL IN VIND	EXPENDITURES IN EXC	ECC OF \$100		
OTAL IN-KIND	EAFENDITURES IN EAC	ESS OF 3100		
TOTAL IN-KIND	EXPENDITURES NOT IN	EXCESS OF \$100		
RAND TOTAL	IN-KIND EXPENDITURES			(P)
		TATEMENT OF ACCOUNT BALANCE, ITEM 30		



SCHEDULE D-1 - LOANS RECEIVED

Date Received	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Amoun
				71 131	
					UMD,
OTAL LOANS R	ecen/en				0

(TOTAL AMOUNT RECEIVED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2C)



SCHEDULE D-2 - LOANS

							1	
ACCT#:					REPORTING PE	RIOD:	11/06	12/31/06
							FROM	fo
All outstanding	g loans in excess of \$50 must be li	isted. This includes loans from Lending Insti	autions, Candidate's Personal Funds and Other Cont	ributors.				
LOANS IN E	XCESS OF \$50:							
Date	Lender Name	Endorser Name	Description	Int	Original	Payments	Loan	

Date Received	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Original Loan Amount	Payments Made	Loan Balance
		AND					
	Name of the State	TE MIND THE					
		ED FOR STATE OF					
TOTAL LO			MANCE ITEM 3H: TOTAL LOAN BALANCE SHOULD A				

(TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3H; TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 7)



SCHEDULE E - EXPENSE REIMBURSEMENTS

					1.7
CCT#:			REPORTI	NG PERIOD:	1106 121
					FROM (1
II expense reimbur	rsements received by you and paid by you must be iter	nized			
	N. Harris, Charles, Co. (1997) and C				
Date Date	NTS RECEIVED (Monies paid to you as reimburse Reimburser Name				
Received	and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursement Received
tectives	and Mailing Address	of Activity	Date	Expense Amount	Received
				Total Control	
			46 / 1		
				V 1000	
4) []	LINE REPORT TO A STATE OF THE S		T- 114		
OTAL REIMBU	RSEMENTS RECEIVED		To also		
		STATEMENT OF ACCOUNT BALANCE, ITEM 2D	9)		
	RSEMENTS RECEIVED RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2.	STATEMENT OF ACCOUNT BALANCE, ITEM 2D	0)		
REIMBURSEMENTS	RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2.	s for expenses they incurred.)			
REIMBURSEMENTS Date	NTS PAID (Monies paid by you to reimburse others Payee Name	s for expenses they incurred.) Description	Activity	Total	Reimbursement
REIMBURSEMENTS	RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2.	s for expenses they incurred.)		Total Expense Amount	Reimbursement Paid
REIMBURSEMENTS Date	NTS PAID (Monies paid by you to reimburse others Payee Name	s for expenses they incurred.) Description	Activity	91725790	
REIMBURSEMENTS Date	NTS PAID (Monies paid by you to reimburse others Payee Name	s for expenses they incurred.) Description	Activity	91725790	
REIMBURSEMENTS Date	NTS PAID (Monies paid by you to reimburse others Payee Name	s for expenses they incurred.) Description	Activity	91725790	
REIMBURSEMENTS Date	NTS PAID (Monies paid by you to reimburse others Payee Name	s for expenses they incurred.) Description	Activity	91725790	
REIMBURSEMENTS Date	NTS PAID (Monies paid by you to reimburse others Payee Name	s for expenses they incurred.) Description	Activity	91725790	
REIMBURSEMENTS Date	NTS PAID (Monies paid by you to reimburse others Payee Name	s for expenses they incurred.) Description	Activity	91725790	
REIMBURSEMENTS Date	NTS PAID (Monies paid by you to reimburse others Payee Name	s for expenses they incurred.) Description	Activity	5 F 1 T 2 5 T 1	
REIMBURSEMENTS REIMBURSEMENT Date Paid	NTS PAID (Monies paid by you to reimburse others Payee Name	s for expenses they incurred.) Description	Activity	5 F 1 T 2 5 T 1	



SCHEDULE F - NON-CASH ASSETS

mize all non-cash as		* 1999	
ntributed to the organ	sets owned by the organization including the	nose paid for by the organization, lent to the organizatio	
	nization.	lose paid for by the organization, tent to the organization	n and
IST ALL NON-CAS	SH ASSETS:		
Date	Description	Location	Value
Received	of Asset	of Asset (Physical Address)	of Asset
			9 11 11 11
	F-ANDENSON - NA PANTA		
			_
THE PASS			
Tene Island			
OTAL ASSET VAL			

(TOTAL ASSET VALUE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5)



SCHEDULE G - ELIMINATION OF ASSETS

ACCT #:		REPORTING PERIOD:	1/1/06 12/31/
Itemize all non-cash as	sets disposed of, transferred or sold by the	e organization during the reporting period.	FROM
ALL NON-CASH AS Date Eliminated	Description of Asset	Disposition of Asset	Value Received
V900 Into			
TOTAL ASSETS ELI	IMINATED	•	

(TOTAL ASSETS ELIMINATED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6)